Case 16-39970 Doc 1 Filed 12/21/16 Entered 12/21/16 08:06:17 Desc Main Document Page 1 of 52

| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: | Identify Yourself | | |
|-----|-------|--|--|---|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | r full name | | |
| | Write | e the name that is on | Melvin | |
| | | government-issued ire identification (for | First name | First name |
| | exar | nple, your driver's | D | |
| | | se or passport). | Middle name | Middle name |
| | | g your picture tification to your | Cox | |
| | | ting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| | | | | |
| 2. | | other names you have d in the last 8 years | | |
| | | ide your married or len names. | | |
| | maic | ien names. | | |
| 3. | you | r the last 4 digits of Social Security ber or federal vidual Taxpayer | xxx-xx-6366 | |
| | | tification number | | |

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Debtor 1 Melvin D Cox

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|----|---|---|--|--|--|
| 1. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | |
| | | EINs | EINs | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | |
| | | 8038 S. Manistee St. Chicago, IL 60617 | | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | |
| | | Cook | | | |
| | | County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fil in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| ò. | Why you are choosing this district to file for | Check one: | Check one: | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | |

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| ar | Tell the Court About | Your Bar | kruptcy Ca | ise | | | | |
|-----|---|---------------|--------------------|---|---|------------------|------------------------------------|---|
| 7. | The chapter of the Bankruptcy Code you are | | | | each, see <i>Notice Re</i> ge 1 and check the a | | | uals Filing for Bankruptcy |
| | choosing to file under | ☐ Cha | pter 7 | | | | | |
| | | ☐ Cha | pter 11 | | | | | |
| | | ☐ Cha | pter 12 | | | | | |
| | | ■ Cha | pter 13 | | | | | |
| | | | | | | | | |
| 3. | How you will pay the fee | _ o | bout how yo | u may pay. Typica attorney is submitt | lly, if you are paying | the fee yourself | , you may pay with cash | r local court for more details n, cashier's check, or money n a credit card or check with |
| | | | | | ments. If you choose Official Form 103A). | this option, sig | n and attach the Applica | ation for Individuals to Pay |
| | I request that my fee be waived (You may request this option only if you are filing for | | | | | | | |
| | | | | | | | | of the official poverty line that this option, you must fill out |
| | | | | | | | orm 103B) and file it with | |
| | | | | | | | | |
|). | Have you filed for bankruptcy within the last 8 years? | □ No. ■ Yes. | | | | | | |
| | lact o youro. | — 103. | District | ND IL | When | 11/29/16 | Case number | 16-37609 |
| | | | District | NDIL | When | 11/23/10 | Case number | 10-37003 |
| | | | District | | When | | Case number | |
| | | | District | | | | Case Hamber | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an | ☐ Yes. | | | | | | |
| | affiliate? | | - | | | | 5 | |
| | | | Debtor | | \A/I ₂ | | Relationship to y | |
| | | | District | | When | | Case number, if | |
| | | | Debtor District | | When | | Relationship to y Case number, if | |
| | | | District | - | when | - | Case number, ii | KIIOWII |
| 11. | Do you rent your residence? | ■ No. | Go to l | ine 12. | | | | |
| | residence: | ☐ Yes. | Has yo | ur landlord obtaine | ed an eviction judgme | ent against you | and do you want to stay | in your residence? |
| | | | | No. Go to line 12. | | | | |
| | | | | Yes. Fill out <i>Initial</i> bankruptcy petitio | | Eviction Judgn | nent Against You (Form | 101A) and file it with this |
| | | | | | | | | |

Document Page 4 of 52 Case number (if known) Debtor 1 **Melvin D Cox** Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No.

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No.

I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Melvin D Cox

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 52 Case number (if known) Debtor 1 **Melvin D Cox** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ☐ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Melvin D Cox Signature of Debtor 2 **Melvin D Cox**

Executed on

MM / DD / YYYY

Signature of Debtor 1

Executed on December 21, 2016

MM / DD / YYYY

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Debtor 1 Melvin D Cox Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Christine Thurston | Date | December 21, 2016 |
|--|---------------|-------------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Obsisting Thereston | | |
| Christine Thurston | | |
| Printed name | | |
| Thurston Law Firm | | |
| Firm name | | |
| 79 W. Monroe, Suite 925 | | |
| Chicago, IL 60603 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone 312-818-8008 | Email address | cthurston@thurstonlawfirm.com |
| | | |
| Bar number & State | | |

| | | DOCUM | eni Page 8 015/ | |
|--------------------|--------------------------|-------------------|-----------------|--|
| ill in this infor | mation to identify your | case: | | |
| Debtor 1 | Melvin D Cox | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| Jnited States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number _ | | | | |

☐ Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your as Value o | ssets of what you own |
|-----|--|--------------------|-------------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 10,855.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 10,855.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 16,105.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 3,400.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 19,955.00 |
| | Your total liabilities | \$ | 39,460.00 |
| ⊃aı | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 1,687.21 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 1,212.00 |
| ⊃aı | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sch | nedules. |
| | ■ Yes | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Page 9 of 52
Case number (if known) Debtor 1 Melvin D Cox

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. |

750.50 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cla | im |
|--|-----------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 3,400.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 5,408.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 8,808.00 |

| | | | Document | Page 10 of 52 | | | |
|------------------------------------|---|---|---|---|---|------------|--|
| Fill in | this infor | mation to identify your | case and this filing: | | | | |
| Debto | r 1 | Melvin D Cox | | | | | |
| Dobio | | First Name | Middle Name | Last Name | | | |
| Debto | | | | | | | |
| (Spouse | e, if filing) | First Name | Middle Name | Last Name | | | |
| United | States Ba | ankruptcy Court for the: | NORTHERN DISTRICT OF ILI | LINOIS | | | |
| | | | | | | | |
| Case | number | | | _ | | | Check if this is an |
| | | | | | | ; | amended filing |
| | | | | | | | |
| Offic | cial Fo | orm 106A/B | | | | | |
| | | - | ortv | | | | 4044 |
| | | le A/B: Prop | | | | | 12/15 |
| hink it nforma Answer | fits best. In the fits best. If mo every que | Be as complete and accurate space is needed, attachestion. | ne items. List an asset only once. I ate as possible. If two married peol a separate sheet to this form. On | ple are filing together, both a the top of any additional page | re equally responsible for | r supplyin | g correct |
| Part 1: | Describe | e Each Residence, Buildin | g, Land, or Other Real Estate You (| Own or have an interest in | | | |
| . Do y | ou own or | have any legal or equitable | e interest in any residence, buildin | ng, land, or similar property? | | | |
| . | | 10 | | | | | |
| _ | o. Go to Pa | | | | | | |
| ЦΥ | es. Where | is the property? | | | | | |
| Part 2: | Describe | Your Vehicles | | | | | |
| 3. Car □ N ■ Y | lo | rucks, tractors, sport u | tility vehicles, motorcycles | | | | |
| 3.1 | Make: | Ford | Who has an interest in | the property? Check one | Do not deduct secure | | |
| 0 | Model: | Fusion | Debtor 1 only | and property to chook one | the amount of any sec Creditors Who Have | | |
| | Year: | 2012 | Debtor 2 only | | | | |
| | - | | 125k Debtor 1 and Debtor 1 | 2 only | Current value of the entire property? | | ent value of the ion you own? |
| | Other infor | rmation: | ☐ At least one of the de | • | | | |
| | | | Check if this is com | munity property | \$8,250.00 | <u> </u> | \$8,250.00 |
| Exal N Y Add paq Part 3: | mples: Boo lo es d the doll ges you h | ats, trailers, motors, pers ar value of the portion ave attached for Part 2 | vou own for all of your entries. Write that number here | snowmobiles, motorcycle ac | ccessories y entries for | portio | \$8,250.00 Int value of the n you own? Indeduct secured |
| | | | | | | | or exemptions. |

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

| | Case 16-39970 | Doc 1 | | Entered 12/21/16 08:06:17 | Desc Main |
|---------------------------|---|----------------|----------------------------|---|--|
| Debtor 1 | Melvin D Cox | | Document | Page 11 of 52 Case number (if known |) |
| ■ Yes. | Describe | | | | |
| | Furnitu | ire | | | \$500.0 |
| 7. Electror Exampl | | | | oment; computers, printers, scanners; music | collections; electronic devices |
| Yes. | Describe | | | | |
| | Various | S | | | \$500.0 |
| Exampl ■ No | bles of value les: Antiques and figurines; other collections, memo | | | oks, pictures, or other art objects; stamp, coi | n, or baseball card collections; |
| Exampl No | tent for sports and hobbie les: Sports, photographic, e musical instruments | | other hobby equipment; | bicycles, pool tables, golf clubs, skis; canoe | s and kayaks; carpentry tools; |
| ■ No | ns oles: Pistols, rifles, shotgun Describe | s, ammunitio | n, and related equipmen | t | |
| □ No | es oles: Everyday clothes, furs Describe | , leather coat | ts, designer wear, shoes | , accessories | |
| | Clothir | ng | | | \$500.0 |
| ■ No | | tume jewelry, | engagement rings, wed | ding rings, heirloom jewelry, watches, gems | gold, silver |
| Exam _l ■ No | nrm animals ples: Dogs, cats, birds, hors Describe | ses | | | |
| ■ No | ther personal and househ | - | ou did not already list, i | ncluding any health aids you did not list | |
| | the dollar value of all of yo art 3. Write that number h | | | ny entries for pages you have attached | \$1,500.00 |
| Part 4: De | scribe Your Financial Assets | | | | |
| Do you ov | vn or have any legal or eq | juitable inter | rest in any of the follow | ring? | Current value of the portion you own? Do not deduct secured |

Official Form 106A/B Schedule A/B: Property page 2

claims or exemptions.

| Debtor 1 | 1 Melvin D Cox | | Document | Page 12 of 52 _C | ase number <i>(if known)</i> | |
|------------------------|--|--------------------------------------|---|---|---|------------------|
| | amples: Money you hav | | | posit box, and on hand wh | | |
| | | | | | Cash | \$5.00 |
| Exa | institutions. If y | • | al accounts; certificates counts with the same in Institution | stitution, list each. | dit unions, brokerage houses, and | other similar |
| | | 17.1. Checking | Fifth Th | rd | | \$50.00 |
| | | 17.2. Savings | Fifth Th | rd | | \$50.00 |
| Exa ■ No | ds, mutual funds, or amples: Bond funds, invo | | ith brokerage firms, mo | oney market accounts | | |
| | -publicly traded stoc | cand interests in in | corporated and unin | corporated businesses, | including an interest in an LLC, | partnership, and |
| ■ No | | | | | | |
| □ Ye | es. Give specific inforn | nation about them Name of entity: | | (| % of ownership: | |
| Neg | gotiable instruments ind n-negotiable instrumen | lude personal check | s, cashiers' checks, pr | negotiable instruments omissory notes, and mon e by signing or delivering | | |
| | es. Give specific inform | ation about them Issuer name: | | | | |
| | | | 1(k), 403(b), thrift savir | gs accounts, or other per | nsion or profit-sharing plans | |
| | es. List each account s | eparately. Type of account: | Institution | name: | | |
| You | amples: Agreements wi | eposits you have ma | | ntinue service or use fron ectric, gas, water), telecon | n a company mmunications companies, or other | s |
| | 98 | | Institution | name or individual: | | |
| | | Rental deposit | Karam I | lans | | \$1,000.00 |
| 23. Ann ■ No | , | periodic payment of | money to you, either f | or life or for a number of y | vears) | |
| | | r name and descript | ion. | | | |
| 26 U | .S.C. §§ 530(b)(1), 529 | | in a qualified ABLE p | ogram, or under a qual | ified state tuition program. | |
| ■ No | | ution name and desc | cription. Separately file | the records of any interes | sts.11 U.S.C. § 521(c): | |

| | | Case 16-399 | 70 Doc 1 | Filed 12/21/16 Document | Entered 12/21/16 08:06:17 | Desc Main |
|-----|------------------------|---|---|--|---|---|
| D | ebtor 1 | Melvin D Cox | | Document | Page 13 of 52 Case number (if known) | |
| 25. | Trusts | , equitable or future i | nterests in prope | rty (other than anything | g listed in line 1), and rights or powers exer | rcisable for your benefit |
| | ☐ Yes. | Give specific informat | ion about them | | | |
| 26 | Exam _l ■ No | oles: Internet domain n | ames, websites, pi | ts, and other intellectu roceeds from royalties a | al property nd licensing agreements | |
| | | Give specific informat | | | | |
| 27. | Licens Examp ■ No | es, franchises, and or ples: Building permits, e | ther general intar exclusive licenses, | ngibles cooperative association | holdings, liquor licenses, professional license | es |
| | ☐ Yes. | Give specific informat | ion about them | | | |
| M | oney or | property owed to you | 1? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | . Tax ref | funds owed to you | | | | |
| | ■ No | Give specific information | on about them inc | duding whether you alres | ady filed the returns and the tax years | |
| | □ 163. | Oive specific information | on about them, inc | during whether you alles | day filed the retains and the tax years | |
| 29 | Examp | support oles: Past due or lump | ,,, | usal support, child suppo | ort, maintenance, divorce settlement, property | settlement |
| 30. | | | | | efits, sick pay, vacation pay, workers' compen | sation, Social Security |
| | ☐ Yes. | Give specific informat | ion | | | |
| 31. | Exam | sts in insurance policioles: Health, disability, | | ealth savings account (F | HSA); credit, homeowner's, or renter's insuran | ce |
| | ■ No □ Yes. | Name the insurance co | ompany of each po | olicy and list its value. | | |
| | | | Company name: | | Beneficiary: | Surrender or refund value: |
| 32. | If you some of | | living trust, expec | someone who has die t proceeds from a life ins | d surance policy, or are currently entitled to rece | ive property because |
| 33. | Exam _l ■ No | oles: Accidents, employ | ment disputes, ins | you have filed a lawsui surance claims, or rights | t or made a demand for payment to sue | |
| 24 | | Describe each claim | | avamenatura inalisation | w accompanies of the deleter and violety to | ant off alaima |
| 34. | ■ No | Describe each claim | | every nature, including | g counterclaims of the debtor and rights to | set off claims |
| 35 | | nancial assets you did | | | | |
| JU. | ■ No | Give specific informat | - | | | |

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Case number (if known)

| DCL | Weivill D COX | | Case number (ii known) | |
|-------|---|--------------------------------|------------------------------|-------------|
| 36. | Add the dollar value of all of your entries from Part 4, include for Part 4. Write that number here | ding any entries for pag | | \$1,105.00 |
| Part | 5: Describe Any Business-Related Property You Own or Have an Ir | nterest In. List any real esta | ate in Part 1. | |
| | · | | | |
| | Oo you own or have any legal or equitable interest in any business-re | elated property? | | |
| | No. Go to Part 6. | | | |
| Ш | Yes. Go to line 38. | | | |
| Part | 6: Describe Any Farm- and Commercial Fishing-Related Property Y If you own or have an interest in farmland, list it in Part 1. | You Own or Have an Intere | st In. | |
| 46. l | Do you own or have any legal or equitable interest in any far | m- or commercial fishir | ng-related property? | |
| | No. Go to Part 7. | | | |
| | ☐ Yes. Go to line 47. | | | |
| | Describe All Property You Own or Have an Interest in That Do you have other property of any kind you did not already if Examples: Season tickets, country club membership No Yes. Give specific information | | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write | that number here | | \$0.00 |
| Part | 8: List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$0.00 |
| 56. | Part 2: Total vehicles, line 5 | \$8,250.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$1,500.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$1,105.00 | | |
| | Part 5: Total business-related property, line 45 | \$0.00 | | |
| | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | +\$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$10,855.00 | Copy personal property total | \$10,855.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$10,855.00 |

Official Form 106A/B Schedule A/B: Property page 5

| Fill in this infor | rmation to identify your | case: | | |
|---|--------------------------|-------------------|-------------|--|
| Debtor 1 | Melvin D Cox | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|---|--------------------------------------|-----|---|--|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| Furniture Line from Schedule A/B: 6.1 | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(b) |
| Ellio II oli II osii osii osii osii oli oli oli oli oli oli oli oli oli o | | | 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) 735 ILCS 5/12-1001(b) 735 ILCS 5/12-1001(a) 735 ILCS 5/12-1001(b) |
| Various Line from Schedule A/B: 7.1 | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(b) |
| Elle Holli Genedale PVD. 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Clothing Line from Schedule A/B: 11.1 | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(a) |
| Life from Schedule PAB. 1111 | | | 100% of fair market value, up to any applicable statutory limit | |
| Cash Line from Schedule A/B: 16.1 | \$5.00 | | \$5.00 | 735 ILCS 5/12-1001(b) |
| LING HOLL GOLGGUIG PAD. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: Fifth Third Line from Schedule A/B: 17.1 | \$50.00 | | \$50.00 | 735 ILCS 5/12-1001(b) |
| Line nom ochequie A/D. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | | | arry applicable statutory limit | |

Case 16-39970 Doc 1 Filed 12/21/16 Entered 12/21/16 08:06:17 Desc Main Page 16 of 52 Document Debtor 1 Melvin D Cox Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Rental deposit: Karam Hans 735 ILCS 5/12-1001(b) \$1,000.00 \$1,000.00 Line from Schedule A/B: 22.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

| | Document P | Page 17 of 52 | | | |
|---|--|--|--------------------------|-------------------|--|
| Fill in this information to identify yo | our case: | | | | |
| Debtor 1 Melvin D Cox | | | | | |
| First Name | Middle Name La | ast Name | - | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) First Name | Middle Name La | ast Name | - | | |
| United States Bankruptcy Court for th | e: NORTHERN DISTRICT OF ILLING | NS | | | |
| Officed States Barikruptcy Court for the | e. NORTHERN DISTRICT OF IELING | <u></u> | _ | | |
| Case number | | | | | |
| (if known) | | | ☐ Check | if this is an | |
| | | | ameno | led filing | |
| | | | | | |
| Official Form 106D | | | | | |
| Schedule D: Creditor | s Who Have Claims Se | cured by Propert | ·V | 12/15 | |
| <u> </u> | | | · y | ,.0 | |
| | e. If two married people are filing together, I t out, number the entries, and attach it to the | | | | |
| number (if known). | t out, number the entries, and attach it to the | is form. On the top of any addition | mai pages, write your na | ille allu case | |
| 1. Do any creditors have claims secured | by your property? | | | | |
| | this form to the court with your other sch | nedules. Vou have nothing else | to report on this form | | |
| _ | · | edules. Tod flave flottilling else | to report on this form. | | |
| Yes. Fill in all of the information | n below. | | | | |
| Part 1: List All Secured Claims | | | | | |
| 2. List all secured claims. If a creditor has | s more than one secured claim, list the creditor | Column A | Column B | Column C | |
| for each claim. If more than one creditor ha | as a particular claim, list the other creditors in | Part 2. As Amount of claim | Value of collateral | Unsecured | |
| much as possible, list the claims in alphabe | etical order according to the creditor's name. | Do not deduct the value of collateral. | that supports this claim | portion If any | |
| 2.1 Bridgecrest Credit | Describe the property that secures the | | \$8,250.00 | \$7,564.00 | |
| Creditor's Name | 2012 Ford Fusion 125k miles | | , | | |
| | | | | | |
| | | | | | |
| 7300 E Hampton Ave | As of the date you file, the claim is: Checapply. | k all that | | | |
| Mesa, AZ 85209 | ☐ Contingent | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| | ☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | ☐ An agreement you made (such as mort | gage or secured | | | |
| Debtor 2 only | car loan) | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechar | nic's lien) | | | |
| ☐ At least one of the debtors and another | | , | | | |
| ☐ Check if this claim relates to a | ☐ Other (including a right to offset) | | | | |
| community debt | | | | | |
| 0 | | | | | |
| Opened 06/15 Last | | | | | |
| Active | | | | | |
| Date debt was incurred 11/30/16 | Last 4 digits of account number | 2101 | | | |
| | | | | | |
| 2.2 Fifth Third Bank | Describe the property that secures the | claim: \$291.00 | \$50.00 | \$241.00 | |
| Creditor's Name | Checking: Fifth Third | <u> </u> | Ψ30.00 | Ψ2-11.00 | |
| | Onecking. I iitii Iiiiitu | | | | |
| | | | | | |
| 5050 Kingsley Dr | As of the date you file, the claim is: Checapply. | k all that | | | |
| Cincinnati, OH 45227 | Contingent | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| | ☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | ☐ An agreement you made (such as mort | gage or secured | | | |
| Debtor 2 only | car loan) | | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechar | nic's lien) | | | |
| ☐ At least one of the debtors and another | · · · · · · · · · · · · · · · · · · · | 110 0 11011) | | | |
| - At least one of the depicts and affolher | - Judyment hen nom a lawsuit | | | | |

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| Debtor 1 Me | Ivin D Cox | | Case number (if know) |
|---------------------------|---|---|------------------------------------|
| First | Name Middle | Name Last Name | |
| ☐ Check if this community | s claim relates to a debt | Other (including a right to offset) | |
| Date debt was | Opened 07/14 Last Active incurred 12/05/16 | Last 4 digits of account number | 6103 |
| | ast page of your form, add | Column A on this page. Write that number d the dollar value totals from all pages. | r here: \$16,105.00 \$16,105.00 |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | | Document | Page 19 of | 52 | | |
|---|--|--|--|--|---|----------------------------------|
| Fill in this infor | mation to identify your c | | | | | |
| Debtor 1 | Melvin D Cox | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| (Spouse II, IIIIIg) | i iist ivailie | | | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT OF | ILLINOIS | | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check | if this is an |
| | | | | | amend | led filing |
| Official For | ~ 106E/E | | | | | |
| Official For | | ha Hawa Haaaawaa | d Claima | | | 40/45 |
| | | no Have Unsecure | | | | 12/15 |
| Schedule G: Exec Schedule D: Credi | utory Contracts and Unexpir tors Who Have Claims Secu ntinuation Page to this page | hat could result in a claim. Als red Leases (Official Form 106G) red by Property. If more space i . If you have no information to | . Do not include any cre is needed, copy the Par | editors with partially s t you need, fill it out, i | ecured claims that a number the entries in | are listed in n the boxes on the |
| Part 1: List A | All of Your PRIORITY Uns | secured Claims | | | | |
| 1. Do any credit | ors have priority unsecured | claims against you? | | | | |
| ☐ No. Go to | Part 2. | | | | | |
| Yes. | | | | | | |
| identify what ty possible, list the Part 1. If more | ype of claim it is. If a claim has ne claims in alphabetical order than one creditor holds a par | If a creditor has more than one p both priority and nonpriority amo according to the creditor's name. ticular claim, list the other creditor the the instructions for this form in | unts, list that claim here a . If you have more than tw s in Part 3. | and show both priority a | and nonpriority amount | ts. As much as |
| (i oi aii expiai | iation of each type of claim, se | e the instructions for this form in | tile ilistraction booklet.) | Total claim | Priority amount | Nonpriority amount |
| 2.1 Illinois | Department of Reven | ue Last 4 digits of acco | ount number | \$200.00 | \$200.00 | \$0.00 |
| , | reditor's Name it Level 7-425 | When was the debt | incurred? | | | |
| | ndolph St | When was the debt | | | - | |
| Chicag | o, IL 60601 | | | | | |
| | Street City State Zlp Code | As of the date you f | ile, the claim is: Check | all that apply | | |
| _ | ed the debt? Check one. | ☐ Contingent | | | | |
| Debtor 1 | only | ☐ Unliquidated | | | | |
| Debtor 2 | only | ☐ Disputed | | | | |
| Debtor 1 | and Debtor 2 only | Type of PRIORITY u | ınsecured claim: | | | |
| ☐ At least o | one of the debtors and another | ☐ Domestic support | t obligations | | | |
| ☐ Check if | this claim is for a communi | ty debt Taxes and certain | n other debts you owe the | government | | |
| Is the claim | subject to offset? | ☐ Claims for death | or personal injury while yo | ou were intoxicated | | |
| ■ No | | ☐ Other. Specify | | | | |
| ☐ Yes | | | 2013 | | | |

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| Debt | or 1 Melvin D Cox | | Case num | nber (if know) | | |
|------------------------|---|--|---------------------|---------------------------|--------------------------|-----------------------------|
| 2.2 | Internal Revenue Service | Last 4 digits of account numbe | r | \$3,200.00 | \$3,200.00 | \$0.00 |
| | Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 | When was the debt incurred? | 2012 and 2 | 2013 | | |
| | Number Street City State Zlp Code | As of the date you file, the clain | n is: Check all tha | at apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | ■ Debtor 1 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 2 only | ☐ Disputed | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured c | laim: | | | |
| | ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | | |
| | ☐ Check if this claim is for a community debt | Taxes and certain other debts | you owe the gove | ernment | | |
| | Is the claim subject to offset? | ☐ Claims for death or personal in | njury while you we | ere intoxicated | | |
| | ■ No | ☐ Other. Specify | | | | |
| | ☐ Yes | | | | | |
| Part | 2: List All of Your NONPRIORITY Unsecu | red Claims | | | | |
| 4. L u tl | Yes. ist all of your nonpriority unsecured claims in the insecured claim, list the creditor separately for each chan one creditor holds a particular claim, list the other part 2. | laim. For each claim listed, identify w | hat type of claim | it is. Do not list claims | s already included in Pa | rt 1. If more on Page of |
| 4.1 | 71st & Jeffery Loans | Last 4 digits of account num | ber | | | \$300.00 |
| | Nonpriority Creditor's Name 7100 S Jeffery Ave Chicago, IL 60649 | When was the debt incurred | ? | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the cl | aim is: Check all | that apply | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unse | cured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a report as priority claims | separation agree | ment or divorce that y | ou did not | |
| | No | Debts to pension or profit-s | haring plane and | other similar debts | | |
| | ■ NO Nes | Debts to perision of profit-s | | outer similar debits | | |
| | LI YES | Other Specify UllSecu | ıeu | | | |

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Debtor 1 Melvin D Cox Case number (if know) 4.2 \$1,500.00 Americash Loan Last 4 digits of account number Nonpriority Creditor's Name 1513 E 53rd St When was the debt incurred? Chicago, IL 60651 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Unsecured ☐ Yes 4.3 **Chase Bank** Last 4 digits of account number \$300.00 Nonpriority Creditor's Name 340 E Randolph St When was the debt incurred? Chicago, IL 60601 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Overdraft Other. Specify 4.4 City of Chicago Dept of Finance Last 4 digits of account number \$2,000.00 Nonpriority Creditor's Name 121 N. LaSalle Street When was the debt incurred? 7th Floor Chicago, IL 60602 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Unsecured ☐ Yes

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Case number (if know) Debtor 1 Melvin D Cox 4.5 ComEd \$800.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 805379 When was the debt incurred? Chicago, IL 60680 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Unsecured ☐ Yes 4.6 **Credit Management Lp** \$544.00 Last 4 digits of account number 5979 Nonpriority Creditor's Name 4200 International Pkwy When was the debt incurred? **Opened 08/16** Carrollton, TX 75007 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Collection Attorney Comcast Central ☐ Yes Other. Specify Warehouse 4.7 **Creditors Discount & A** Last 4 digits of account number 7152 \$315.00 Nonpriority Creditor's Name 415 E Main St When was the debt incurred? **Opened 05/16** Streator, IL 61364 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Collection Attorney Foundation Emergency ☐ Yes Other. Specify **Services**

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Case number (if know)

Debtor 1 Melvin D Cox 4.8 **Creditors Discount & A** \$130.00 Last 4 digits of account number 3214 Nonpriority Creditor's Name 415 E Main St When was the debt incurred? **Opened 08/15** Streator, IL 61364 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Collection Attorney Foundation Emergency Other. Specify ☐ Yes Services 4.9 **Eastern Account System** Last 4 digits of account number 8425 \$76.00 Nonpriority Creditor's Name 75 Glen Rd Ste 310 When was the debt incurred? **Opened 04/14** Sandy Hook, CT 06482 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts **Collection Attorney Comcast Cable** ■ Other. Specify Communications ☐ Yes 4.1 **First Premier Bank** 4029 \$396.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 01/16 Last Active 3820 N Louise Ave When was the debt incurred? 1/22/16 Sioux Falls, SD 57107 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card

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Debtor 1 Melvin D Cox Case number (if know) 4.1 \$300.00 Georgia Natural Gas Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 440667 When was the debt incurred? Kennesaw, GA 30160 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Unsecured ☐ Yes 4.1 Georgia Power \$700.00 Last 4 digits of account number Nonpriority Creditor's Name 96 Annex When was the debt incurred? Atlanta, GA 30396 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify Unsecured ☐ Yes 4.1 Jackson Park Hospital \$1.000.00 Last 4 digits of account number Nonpriority Creditor's Name 7531 South Stony Island Avenue When was the debt incurred? Chicago, IL 60649 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Medical

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Case number (if know)

Debtor 1 Melvin D Cox 4.1 **Jcitron Law** 6366 \$2,200.00 Last 4 digits of account number 4 Nonpriority Creditor's Name 120 W Madison St When was the debt incurred? Chicago, IL 60602 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt lacksquare Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify 09 Frontier Realty Group Inc ☐ Yes 4.1 **MB Financial** \$15.00 Last 4 digits of account number 5 Nonpriority Creditor's Name 363 W Ontario St When was the debt incurred? Chicago, IL 60654 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Overdraft ☐ Yes 4.1 Navient 0813 \$1.822.00 6 Last 4 digits of account number Nonpriority Creditor's Name Opened 12/00 Last Active Po Box 9500 When was the debt incurred? 10/19/15 Wilkes Barre, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

Educational

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Case number (if know)

Debtor 1 Melvin D Cox 4.1 \$1,817.00 **Navient** 0813 Last 4 digits of account number Nonpriority Creditor's Name Opened 10/99 Last Active Po Box 9500 When was the debt incurred? 10/19/15 Wilkes Barre, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify **Educational** 4.1 Navient \$1,769.00 1199 Last 4 digits of account number 8 Nonpriority Creditor's Name Opened 10/20/99 Last Active Po Box 9500 When was the debt incurred? 10/19/15 Wilkes Barre, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ☐ Other. Specify **Educational** 4.1 \$700.00 **Northwestern Hospital** Last 4 digits of account number 9 Nonpriority Creditor's Name 251 E Huron St When was the debt incurred? Chicago, IL 60611 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical ☐ Yes

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Case number (if know)

| Debto | r 1 Melvin D Cox | Case number (if know) | |
|-------|---|--|----------|
| 4.2 | Oac | Last 4 digits of account number 5744 | \$78.00 |
| | Nonpriority Creditor's Name Po Box 500 | When was the debt incurred? | |
| | Baraboo, WI 53913 | - As file by a file death a file of the fi | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | Пол | |
| | | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Path Cnslts Of Chicago | |
| 4.2 | Parales Occ | | *000.00 |
| 1 | Peoples Gas Nonpriority Creditor's Name | Last 4 digits of account number | \$898.00 |
| | Attention: Bankruptcy Department 130 E. Randolph 17th Floor Chicago, IL 60601 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Unsecured | |
| 4.2 | PLS Loan Store | Last 4 digits of account number | \$5.00 |
| | Nonpriority Creditor's Name | | • |
| | 2132 E 71st S | When was the debt incurred? | |
| | Chicago, IL 60641 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | The St. and State year may mile statement and that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | \square Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Yes | Other Charity Unsecured | |

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Melvin D Cox

Melvin D Cox

| Diam'r. | ssional Debt | Last 4 digits of account number | 0382 | | \$1,590.00 | | | |
|--|--|--|---|--|---|--|--|--|
| 7948 E | rity Creditor's Name Baymeadows Way FI 2 onville. FL 32256 | When was the debt incurred? | Open | ed 12/11 | | | | |
| Number | Street City State Zlp Code curred the debt? Check one. | As of the date you file, the claim | is: Check | all that apply | | | | |
| ■ Debt | tor 1 only | ☐ Contingent | | | | | | |
| ☐ Debt | tor 2 only | ☐ Unliquidated | | | | | | |
| ☐ Debt | tor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| ☐ At le | east one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| ☐ Che | ck if this claim is for a community | ☐ Student loans | | | | | | |
| debt Is the cl | laim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agr | eement or divorce that you did not | | | | |
| No | | Debts to pension or profit-sharing | ng plans, a | nd other similar debts | | | | |
| ☐ Yes | | ■ Other. Specify Collection | Attorne | y Ramsey Run | | | | |
| St Be | ernard Hospital | Lock A digite of cooping wimbon | | | \$700.00 | | | |
| Nonprio | rity Creditor's Name | Last 4 digits of account number When was the debt incurred? | - | | ψ100.00 | | | |
| Chica Number | 7 64th St go, IL 60621 • Street City State Zlp Code | As of the date you file, the claim | is: Check | all that apply | | | | |
| _ | curred the debt? Check one. | | | | | | | |
| | tor 1 only | ☐ Contingent | | | | | | |
| _ | tor 2 only | ☐ Unliquidated | | | | | | |
| | tor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ast one of the debtors and another | Student loans | | | | | | |
| ☐ Chec | ck if this claim is for a community | ☐ Obligations arising out of a separeport as priority claims | aration agr | eement or divorce that you did not | | | | |
| | | repert de prierry cianne | | | | | | |
| Is the cl | • | Debts to pension or profit-sharing | na plans, a | nd other similar debts | | | | |
| Is the cl | · | ☐ Debts to pension or profit-sharin Other. Specify Medical | ng plans, a | nd other similar debts | | | | |
| No Yes List is page ong to columore that | Others to Be Notified About a Deliconly if you have others to be notified a llect from you for a debt you owe to so in one creditor for any of the debts that y debts in Parts 1 or 2, do not fill out o | Other. Specify Medical ot That You Already Listed bout your bankruptcy, for a debt that meone else, list the original creditor in tyou listed in Parts 1 or 2, list the add | ou alread | ly listed in Parts 1 or 2. For exampl or 2, then list the collection agency | here. Similarly, if you | | | |
| No Yes List List List of colomore than ad for any and Address | Others to Be Notified About a Debouly if you have others to be notified a llect from you for a debt you owe to so in one creditor for any of the debts that y debts in Parts 1 or 2, do not fill out o | Other. Specify Medical ot That You Already Listed bout your bankruptcy, for a debt that meone else, list the original creditor in the you listed in Parts 1 or 2, list the add r submit this page. On which entry in Part 1 or Part 2 did you | you alread Parts 1 ditional cre | ly listed in Parts 1 or 2. For exampl or 2, then list the collection agency ditors here. If you do not have add iginal creditor? | here. Similarly, if you litional persons to be | | | |
| No No Yes List List is page on to color than d for any and Address d Scott | Others to Be Notified About a Debouly if you have others to be notified a llect from you for a debt you owe to so in one creditor for any of the debts that y debts in Parts 1 or 2, do not fill out o | Other. Specify Medical ot That You Already Listed bout your bankruptcy, for a debt that meone else, list the original creditor in the you listed in Parts 1 or 2, list the add or submit this page. On which entry in Part 1 or Part 2 did you Line 4.4 of (Check one): | you alread n Parts 1 of itional creations the or list the or list the or | ly listed in Parts 1 or 2. For exampl or 2, then list the collection agency ditors here. If you do not have add iginal creditor? reditors with Priority Unsecured Clair | here. Similarly, if you litional persons to be | | | |
| No Yes List is page on to colonore than d for any and Address d Scott Jacks | Others to Be Notified About a Debouly if you have others to be notified a llect from you for a debt you owe to so in one creditor for any of the debts that y debts in Parts 1 or 2, do not fill out o ss that arris on Blvd Ste 600 60604 | Other. Specify Medical ot That You Already Listed bout your bankruptcy, for a debt that meone else, list the original creditor in the you listed in Parts 1 or 2, list the add or submit this page. On which entry in Part 1 or Part 2 did you Line 4.4 of (Check one): | you alread n Parts 1 of itional creations the or list the or list the or | ly listed in Parts 1 or 2. For exampl or 2, then list the collection agency ditors here. If you do not have add iginal creditor? | here. Similarly, if you litional persons to be | | | |
| Is the cl No Yes List uis page ong to color or that of or any and Addresd Scott Jacks go, IL € | Others to Be Notified About a Debouly if you have others to be notified a llect from you for a debt you owe to so in one creditor for any of the debts that y debts in Parts 1 or 2, do not fill out o ss that Harris On Blvd Ste 600 | Other. Specify Medical ot That You Already Listed bout your bankruptcy, for a debt that meone else, list the original creditor in the you listed in Parts 1 or 2, list the add resubmit this page. On which entry in Part 1 or Part 2 did you Line 4.4 of (Check one): | you alread n Parts 1 of itional creations the or list the or list the or | ly listed in Parts 1 or 2. For exampl or 2, then list the collection agency ditors here. If you do not have add iginal creditor? reditors with Priority Unsecured Clair | here. Similarly, if you litional persons to be | | | |
| Is the cl No Ves List sis page ong to colomore that do for any and Addresd Scott Jacks go, IL 6 | Others to Be Notified About a Dekonly if you have others to be notified a llect from you for a debt you owe to so in one creditor for any of the debts that y debts in Parts 1 or 2, do not fill out o ss tharris on Blvd Ste 600 60604 | Other. Specify Medical ot That You Already Listed bout your bankruptcy, for a debt that you listed in Parts 1 or 2, list the add r submit this page. On which entry in Part 1 or Part 2 did you Line 4.4 of (Check one): | vou alread n Parts 1 d itional cre list the or Part 1: C | ly listed in Parts 1 or 2. For exampler 2, then list the collection agency ditors here. If you do not have add iginal creditor? Creditors with Priority Unsecured Clair Creditors with Nonpriority Unsecured C | here. Similarly, if you litional persons to be | | | |
| Is the cl No No Yes List is page on to colonide for any and Address Jacks go, IL 6 | Others to Be Notified About a Debouly if you have others to be notified a llect from you for a debt you owe to so in one creditor for any of the debts that y debts in Parts 1 or 2, do not fill out o ss that Harris On Blvd Ste 600 | Other. Specify Medical ot That You Already Listed bout your bankruptcy, for a debt that you listed in Parts 1 or 2, list the add r submit this page. On which entry in Part 1 or Part 2 did you Line 4.4 of (Check one): | vou alread n Parts 1 d itional cre list the or Part 1: C | ly listed in Parts 1 or 2. For example or 2, then list the collection agency ditors here. If you do not have add iginal creditor? Creditors with Priority Unsecured Clair Creditors with Nonpriority Unsecured Country Unsecured Co | here. Similarly, if you litional persons to be | | | |
| Is the cl No No Yes List s page of g to colore than d for any d Address Scott Jacks | Others to Be Notified About a Det only if you have others to be notified a llect from you for a debt you owe to so in one creditor for any of the debts that y debts in Parts 1 or 2, do not fill out o set Harris from Blvd Ste 600 60604 | Other. Specify Medical ot That You Already Listed bout your bankruptcy, for a debt that meone else, list the original creditor in you listed in Parts 1 or 2, list the add r submit this page. On which entry in Part 1 or Part 2 did you Line 4.4 of (Check one): | vou alread n Parts 1 d itional cre list the or Part 1: C | ly listed in Parts 1 or 2. For exampler 2, then list the collection agency ditors here. If you do not have add iginal creditor? Creditors with Priority Unsecured Clair Creditors with Nonpriority Unsecured C | here. Similarly, if you litional persons to be | | | |
| Is the cl No No Yes List is page on the color of the colo | Others to Be Notified About a Dekonly if you have others to be notified a liect from you for a debt you owe to so in one creditor for any of the debts that y debts in Parts 1 or 2, do not fill out on the second s | Other. Specify Medical ot That You Already Listed bout your bankruptcy, for a debt that meone else, list the original creditor in you listed in Parts 1 or 2, list the add r submit this page. On which entry in Part 1 or Part 2 did you Line 4.4 of (Check one): | you alread n Parts 1 of itional cre list the or Part 1: C Part 2: C | ly listed in Parts 1 or 2. For example or 2, then list the collection agency ditors here. If you do not have add iginal creditor? Creditors with Priority Unsecured Clair Creditors with Nonpriority Unsecured Courposes only. 28 U.S.C. §159. Add | here. Similarly, if you litional persons to be | | | |
| Is the cl No No Yes List is page on to colonide for any and Address Jacks go, IL 6 | Others to Be Notified About a Dekonly if you have others to be notified a llect from you for a debt you owe to so no one creditor for any of the debts that y debts in Parts 1 or 2, do not fill out o ss that Harris con Blvd Ste 600 60604 The Amounts for Each Type of Ununts of certain types of unsecured claiured claim. 6a. Domestic support obligations 6b. Taxes and certain other debts | Other. Specify Medical of That You Already Listed bout your bankruptcy, for a debt that you listed in Parts 1 or 2, list the add r submit this page. On which entry in Part 1 or Part 2 did you Line 4.4 of (Check one): | vou alread n Parts 1 of titional cre list the or Part 1: 0 Part 2: 0 eporting 6a. 6b. | dy listed in Parts 1 or 2. For example or 2, then list the collection agency ditors here. If you do not have add signal creditor? Creditors with Priority Unsecured Clair Creditors with Nonpriority Unsecured Courposes only. 28 U.S.C. §159. Add Total Claim \$ 0.00 \$ 3,400.00 | here. Similarly, if you litional persons to be | | | |
| Is the cl No No Yes List s page of g to colore that d for any d Addres I Scott Jacks Jo, IL 6 Add he amount unsecutors | Others to Be Notified About a Dekonly if you have others to be notified a llect from you for a debt you owe to so no one creditor for any of the debts that y debts in Parts 1 or 2, do not fill out o ss tharris on Blvd Ste 600 60604 The Amounts for Each Type of Ununts of certain types of unsecured claiured claim. 6a. Domestic support obligations 6b. Taxes and certain other debts 6c. Claims for death or personal | Other. Specify Medical of That You Already Listed bout your bankruptcy, for a debt that meone else, list the original creditor in tyou listed in Parts 1 or 2, list the add r submit this page. On which entry in Part 1 or Part 2 did you Line 4.4 of (Check one): | vou alread n Parts 1 d itional cre list the or Part 1: C Part 2: C eporting 6a. | dy listed in Parts 1 or 2. For example or 2, then list the collection agency ditors here. If you do not have add signal creditor? Creditors with Priority Unsecured Clair Creditors with Nonpriority Unsecured Courposes only. 28 U.S.C. §159. Add Total Claim | here. Similarly, if you litional persons to be | | | |

Official Form 106 E/F

Total Claim

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Debtor 1 Melvin D Cox

| | 6f. | Student loans | 6f. | \$ 5,408.00 |
|--------------|-----|---|-----|-----------------|
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 14,547.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 19,955.00 |

| | | IAAAIII | | |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Melvin D Cox | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Karam Hans
8038 S. Manastee
Chicago, IL 60617

State what the contract or lease is for
Yearly Lease

| | | Docume | ent Page 31 d | of <u>52</u> | |
|------------------|--|-------------------------------|---------------------------|--|---------------------------------|
| Fill in this | information to identify your | case: | | | |
| Debtor 1 | Malvin D Cay | | | | |
| Debioi i | Melvin D Cox First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, fili | ng) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Ormod Oto | noo Barmaptoy Court for the | | 0 | | |
| Case num | ber | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Officia | l Form 106H | | | | |
| | | | | | |
| Sched | lule H: Your Cod | ebtors | | | 12/15 |
| eople are | are people or entities who a filing together, both are equ and number the entries in the | ally responsible for supp | olying correct informa | tion. If more space is neede | d, copy the Additional Page, |
| | and case number (if known | | | | , |
| 1. Do | you have any codebtors? (If | you are filing a joint case, | do not list either spouse | e as a codebtor. | |
| ■ No | | | | | |
| ☐ Yes | 3 | | | | |
| □ 163 | • | | | | |
| | hin the last 8 years, have you | | | | es and territories include |
| Arizor | na, California, Idaho, Louisiana | , Nevada, New Mexico, Pu | ierto Rico, Texas, Wash | nington, and Wisconsin.) | |
| ■ No | . Go to line 3. | | | | |
| | s. Did your spouse, former spo | use, or legal equivalent live | e with you at the time? | | |
| | | , g - | , | | |
| 2 In Cal | lumn 1 list all of your andah | tors. Do not include your | anauca as a cadabta | r if your angues is filing with | n you. List the person shown |
| | | | | | editor on Schedule D (Official |
| Form | 106D), Schedule E/F (Officia | | | | dule E/F, or Schedule G to fill |
| out C | olumn 2. | | | | |
| | Column 1: Your codebtor | | | Column 2: The creditor | to whom you owe the debt |
| | Name, Number, Street, City, State and Z | IP Code | | Check all schedules that | t apply: |
| 2.4 | | | | Cabadula D lina | |
| 3.1 | Name | | | Schedule D, line | |
| | | | | ☐ Schedule E/F, line☐ Schedule G, line | |
| _ | | | | | |
| | Number Street City | State | ZIP Code | | |
| | City | State | ZIF Code | | |
| 2 2 | | | | Cohodula D. line | |
| 3.2 | Name | | | _ ☐ Schedule D, line _ ☐ Schedule E/F, line | |
| | | | | ☐ Schedule E/F, line ☐ Schedule G, line | |
| _ | | | | | |
| | Number Street City | State | ZIP Code | | |
| | OIL7 | CIGIO | ZIF COUC | | |

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| Fill | in this information to identify your c | ase: | | | | | | |
|---------------------------|--|-------------------------------|--|-----------------------|---------------------------|------------------------------|-------------------------------------|---------------------------------|
| | otor 1 Melvin D Co | | | | | | | |
| | otor 2 ouse, if filing) | | | | _ | | | |
| Uni | ted States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | _ | | | |
| (If kr | se number | | | | | | ed filing | tpetition chapter ng date: |
| | fficial Form 106l chedule I: Your Inc | | | | | MM / DD/ Y | YYY | 12/15 |
| sup spo atta Par | as complete and accurate as possible plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The Describe Employment | are married and not filing wi | ng jointly, and your s th you, do not include | spouse i de inforn | s living wi nation abo | th you, incl out your spo | ude information ouse. If more sp | n about your bace is needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | or non-filing s | pouse |
| | If you have more than one job, attach a separate page with | Employment status | ■ Employed | | | ☐ Employed ☐ Not employed | | |
| | information about additional employers. | Occupation | ☐ Not employed | | | ⊔ Not e | mployed | |
| | Include part-time, seasonal, or self-employed work. | Occupation Employer's name | Teller BMO Harris Ban | ık | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 111 W. Monroe Chicago, IL 606 | 03 | | | | |
| | | How long employed the | here? 3 montl | ns | | | | |
| Pai | t 2: Give Details About Mor | nthly Income | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to re | eport for a | any line, wi | rite \$0 in the | space. Include | your non-filing |
| | u or your non-filing spouse have mee space, attach a separate sheet to | | ombine the information | n for all e | mployers f | or that perso | on on the lines be | elow. If you need |
| | | | | | For D | Debtor 1 | For Debtor 2 non-filing sp | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 1,787.50 | \$ | N/A |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | 0.00 | +\$ | N/A |

Calculate gross Income. Add line 2 + line 3.

4. \$ 1,787.50

N/A

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| Deb | otor 1 | Melvin D Cox | - | | Case | e number (<i>if know</i> | n) | | | | |
|-----|-----------------------|---|----------|----------|------------|---------------------------|----|--------|--------------------|----------------|--|
| | | | | | Fo | r Debtor 1 | | | Debtor filing s | 2 or spouse | |
| | Cop | by line 4 here | 4. | | \$_ | 1,787.5 | 0 | \$ | 9 | N/A | <u> </u> |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 58 | a. | \$ | 290.2 | 9 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5k | | \$ | 0.0 | _ | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 50 | . | \$ | 0.0 | _ | \$ | - | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 50 | d. | \$ | 0.0 | 0 | \$ | | N/A | _ \ |
| | 5e. | Insurance | 56 | €. | \$ | 0.0 | 0 | \$ | | N/A | \ |
| | 5f. | Domestic support obligations | 5f | | \$_ | 0.0 | 0 | \$ | | N/A | <u> </u> |
| | 5g. | Union dues | 50 | _ | \$_ | 0.0 | | \$ | | N/A | _ |
| | 5h. | Other deductions. Specify: | _ 5h | 1.+ | \$_ | 0.0 | 0 | + \$ | | N/A | <u>!</u> |
| 6. | Add | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$_ | 290.2 | 9 | \$ | | N/A | <u>. </u> |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$_ | 1,497.2 | 1_ | \$ | | N/A | <u>.</u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 88 | | \$ | 0.0 | | \$ | | NI/A | |
| | 8b. | monthly net income. Interest and dividends | 8b | | \$ _ | 0.0 | | \$ | | N/A N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | \$_ \$ | 0.0 | _ | \$ | | N/A | _ |
| | 8d. | Unemployment compensation | 80 | d. | \$ | 0.0 | _ | \$ | | N/A | _ |
| | 8e. | Social Security | 86 | €. | \$ | 0.0 | | \$ | | N/A | \ |
| | 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Food Stamps Pension or retirement income | 8f 8g | g. | \$_ \$_ | 190.0 0.0 | 0 | \$ | | N/A N/A | <u> </u> |
| | 8h. | Other monthly income. Specify: | _ 8h | Դ.+ | \$_ | 0.0 | 0 | + \$ | | N/A | <u>. </u> |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | | \$ | 190.0 | 0 | \$ | | N/ | A |
| 10 | Calc | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 1,687.21 + | \$ | | N/A | = \$ | 1.687.21 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | Ψ- | | 1,007.21 | • | | 11// | | 1,007.21 |
| 11. | Incli othe Do i | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify: | dep | | | | | | | e J. +\$ | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainlies | | | | | | | 12. | \$ | 1,687.21 |
| 13. | Do ' | you expect an increase or decrease within the year after you file this form | ? | | | | | | | Combi month | ned ly income |
| | | No. Ves Evolain: | | | | | | | | | |

Official Form 106I Schedule I: Your Income page 2

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| Fill in t | his information to identif | v vour case. | | | | | |
|---------------------|--|--------------------------------|---|--|------------------|-------------------|---|
| Debtor 1 | | | | | Check | c if this is: | |
| | MICIVIII D | CUX | | | | An amended filing | |
| Debtor 2 | 2 e, if filing) | | | | | | ving postpetition chapter the following date: |
| United S | States Bankruptcy Court for | the: NORTHE | RN DISTRICT OF ILLING | OIS | | MM / DD / YYYY | |
| Case nu (If know | | | | | | | |
| Offic | cial Form 106 | J | | | | | |
| Sch | edule J: You | r Expens | ses | | | | 12/15 |
| Be as inform | complete and accurate | as possible. If needed, attach | two married people are another sheet to this f | | | | |
| Part 1: | | usehold | | | | | |
| | this a joint case? | | | | | | |
| | No. Go to line 2. Yes. Does Debtor 2 li | ve in a separate | e household? | | | | |
| | □ No | • | Form 106J-2, <i>Expenses</i> | for Separate House | hold of Debto | or 2. | |
| 2. D | o you have dependent | s? □ No | | | | | |
| | o not list Debtor 1 and ebtor 2. | YAS | ill out this information for ach dependent | Dependent's relati Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | o not state the | | | | | | □ No |
| de | ependents names. | | | Nephew | | | ■ Yes □ No |
| | | | | | | | □ Yes |
| | | | | | | | □ No |
| | | | | | | | ☐ Yes ☐ No |
| | | | | | | | □ No □ Yes |
| | o your expenses inclu | | 0 | | | | - 103 |
| | xpenses of people othe ourself and your deper | 111/ | es | | | | |
| Part 2: | | | | | | | |
| expens | | | tcy filing date unless yes filed. If this is a supp | | | | pter 13 case to report f the form and fill in the |
| the val | | | vernment assistance if ded it on Schedule I: Y | | | Your expe | enses |
| (Onicia | ar i oriii 100i.) | | | | | | |
| | he rental or home own ayments and any rent fo | | es for your residence. In ot. | nclude first mortgage | 4. \$ | | 700.00 |
| If | not included in line 4: | | | | | | |
| 48 | a. Real estate taxes | | | | 4a. \$ | | 0.00 |
| 41 | | | | | 4b. \$ | | 0.00 |
| 40 40 | | | | | 4c. \$ 4d. \$ | | 0.00 0.00 |
| | | | r residence. such as hor | me equity loans | 4u. ֆ 5. \$ | | 0.00 |

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| Debtor 1 Melv | in D Cox | Case num | Case number (if known) | | | | |
|---------------------------------|--|----------------|------------------------|----------------------------|--|--|--|
| 6. Utilities: | | | | | | | |
| | icity, heat, natural gas | 6a. | \$ | 50.00 | | | |
| | r, sewer, garbage collection | 6b. | · | 0.00 | | | |
| | hone, cell phone, Internet, satellite, and cable services | 6c. | · | 0.00 | | | |
| | . Specify: | 6d. | · | 0.00 | | | |
| | · · · · · · · · · · · · · · · · · · · | | · | | | | |
| | ousekeeping supplies | 7. | | 190.00 | | | |
| | nd children's education costs | 8. | · | 0.00 | | | |
| - | undry, and dry cleaning | 9. | \$ | 22.00 | | | |
|). Personal ca | re products and services | 10. | \$ | 25.00 | | | |
| Medical and | d dental expenses | 11. | \$ | 10.00 | | | |
| • | t ion. Include gas, maintenance, bus or train fare. de car payments. | 12. | \$ | 80.00 | | | |
| | ent, clubs, recreation, newspapers, magazines, and books | 13. | | 0.00 | | | |
| | | | · | | | | |
| | contributions and religious donations | 14. | Φ | 0.00 | | | |
| 5. Insurance. | do incurance deducted from your pay as included in lines 4 == 00 | | | | | | |
| Do not inclu- 15a. Life in | de insurance deducted from your pay or included in lines 4 or 20. | 15a. | ¢ | 0.00 | | | |
| | | | · | 0.00 | | | |
| 15b. Health | | 15b. | · | 0.00 | | | |
| 15c. Vehic | | 15c. | · - | 135.00 | | | |
| | insurance. Specify: | 15d. | \$ | 0.00 | | | |
| | ot include taxes deducted from your pay or included in lines 4 or 20. | | _ | | | | |
| Specify: | | 16. | \$ | 0.00 | | | |
| | or lease payments: | | | | | | |
| 17a. Car p | ayments for Vehicle 1 | 17a. | \$ | 0.00 | | | |
| 17b. Car pa | ayments for Vehicle 2 | 17b. | \$ | 0.00 | | | |
| 17c. Other | . Specify: | 17c. | \$ | 0.00 | | | |
| 17d. Other | | 17d. | \$ | 0.00 | | | |
| | ents of alimony, maintenance, and support that you did not repo | | * | | | | |
| | om your pay on line 5, Schedule I, Your Income (Official Form 1 | | \$ | 0.00 | | | |
| | ents you make to support others who do not live with you. | ,- | \$ | 0.00 | | | |
| Specify: | | 19. | | | | | |
| ' ' — | property expenses not included in lines 4 or 5 of this form or on | Schedule I: Yo | our Income. | | | | |
| | ages on other property | 20a. | | 0.00 | | | |
| 20b. Real | | 20b. | · | 0.00 | | | |
| | rty, homeowner's, or renter's insurance | 20c. | · | 0.00 | | | |
| | enance, repair, and upkeep expenses | 20d. | · - | | | | |
| | | | · | 0.00 | | | |
| | owner's association or condominium dues | 20e. | | 0.00 | | | |
| Other: Spec | ify: | 21. | +\$ | 0.00 | | | |
| 2 Calculate v | our monthly expenses | | | | | | |
| - | es 4 through 21. | | \$ | 1 212 00 | | | |
| | <u> </u> | 212 | | 1,212.00 | | | |
| | ne 22 (monthly expenses for Debtor 2), if any, from Official Form 106 | DJ-2 | \$ | | | | |
| 22c. Add line | e 22a and 22b. The result is your monthly expenses. | | \$ | 1,212.00 | | | |
| 3. Calculate v | our monthly net income. | | | | | | |
| - | line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 1,687.21 | | | |
| | | | · | | | | |
| ∠su. Copy | your monthly expenses from line 22c above. | 23b. | -φ | 1,212.00 | | | |
| 23c Subtr | act your monthly expenses from your monthly income. | | | | | | |
| | esult is your <i>monthly net income</i> . | 23c. | \$ | 475.21 | | | |
| For example, | ect an increase or decrease in your expenses within the year aft do you expect to finish paying for your car loan within the year or do you expec | | | e or decrease because of a | | | |
| | the terms of your mortgage? | | | | | | |
| ■ No. | | | | | | | |
| ☐ Yes. | Explain here: | | | | | | |

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| Fill in this infor | mation to identify you | r case: | | | |
|--------------------------------------|--------------------------|----------------------------|------------------------------|---|-------|
| Debtor 1 | Melvin D Cox | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number _ (if known) | | | | ☐ Check if t amended | |
| Official Forr | | | | | |
| Declarat | ion About | an Individual | Debtor's Sch | nedules | 12/15 |
| obtaining money years, or both. 1 | | in connection with a bank | | Making a false statement, concealing p fines up to \$250,000, or imprisonment | |
| Did you pa | y or agree to pay som | neone who is NOT an attorn | ney to help you fill out bar | nkruptcy forms? | |
| | | | | | |
| ■ No | | | | | |
| _ | Name of person | | | Attach Bankruptcy Petition Prep. Declaration, and Signature (Offic | |

Date _____

Date December 21, 2016

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| Fill | in this inform | ation to identify you | case: | | | | | |
|--------------------|-------------------|--|---------------------------------|---|--|-----------------------------------|--|--|
| Del | otor 1 | Melvin D Cox | | | | | | |
| Dok | otor 2 | First Name | Middle Name | Last Name | | | | |
| | ouse if, filing) | First Name | Middle Name | Last Name | | | | |
| Uni | ted States Ban | kruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | | | |
| Cas | se number | | | | | | | |
| | nown) | | | | _ | theck if this is an mended filing | | |
| | | | | | | mended ming | | |
| ~ . | <i></i> | 4.07 | | | | | | |
| | ficial For | | | | | | | |
| Sta | atement | of Financial | Affairs for Individ | duals Filing for B | ankruptcy | 4/16 | | |
| | | | | | equally responsible for sup | | | |
| | | ore space is needed,). Answer every ques | | this form. On the top of any | additional pages, write yoر، | ir name and case | | |
| | <u> </u> | , | | | | | | |
| Par | | | rital Status and Where You | Lived Before | | | | |
| 1. | What is your | current marital statu | s? | | | | | |
| | ☐ Married | | | | | | | |
| | Not marr | ried | | | | | | |
| 2. | During the la | st 3 years, have you | lived anywhere other than | where you live now? | | | | |
| | | | | | | | | |
| | ■ No □ Yes, List | all of the places you I | ived in the last 3 years. Do no | ot include where you live now | '. | | | |
| | | | · | • | | D D | | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | aress: | Dates Debtor 2 lived there | | |
| , | Within the le | ot 9 voore did vou ev | vor live with a speuce or les | ral aquivalent in a commun | ity proporty state or torritor | 2 (Community proporty | | |
| s. state | | | | | ity property state or territory co, Texas, Washington and W | | | |
| | | | | | | | | |
| | ■ No □ Yes. Mal | ve sure vou fill out Sch | nedule H: Your Codebtors (O | fficial Form 106H) | | | | |
| | | te sure you iiii out oci | leddie 11. Todi Codebiois (O | miciai roini 10011). | | | | |
| Par | t 2 Explain | the Sources of You | r Income | | | | | |
| | Did bassa | | | | | - d | | |
| 4. | | | | ig a business during this yeall businesses, including part- | ear or the two previous caled time activities. | idar years? | | |
| | If you are filing | g a joint case and you | have income that you receive | e together, list it only once un | der Debtor 1. | | | |
| | □ No | | | | | | | |
| | Yes. Fill | in the details. | | | | | | |
| | | | Dobtos 4 | | Dahtar 2 | | | |
| | | | Debtor 1 Sources of income | Gross income | Debtor 2 Sources of income | Gross income | | |
| | | | Check all that apply. | (before deductions and | Check all that apply. | (before deductions | | |
| | | | | exclusions) | | and exclusions) | | |
| | | of current year until | ■ Wages, commissions, | \$4,503.00 | ☐ Wages, commissions, | | | |
| tne | date you filed | I for bankruptcy: | bonuses, tips | | bonuses, tips | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | |

Official Form 107

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Case number (if known) Document Debtor 1 Melvin D Cox

| | | | | | 5.14 | | | | | | |
|----|----------------------------|---------|-------------------------------------|----------------------------|---|------------------------|--|------------|------------------------------------|----------------|---|
| | | | | | Debtor 1 | | | _ | Debtor 2 | | |
| | | | | | Sources of income Check all that apply. | | | _ | Sources of ind Check all that a | | Gross income (before deductions and exclusions) |
| | | | ■ Wages, commissions, bonuses, tips | | \$31,660.00 | | ☐ Wages, componuses, tips | nmissions, | | | |
| | | | | | ☐ Operating a business | | | | Operating a | business | |
| | r the calen anuary 1 to | | | | ■ Wages, commissions, bonuses, tips | | \$31,099.00 | | ☐ Wages, componuses, tips | nmissions, | |
| | | | | | ☐ Operating a business | | | | Operating a | business | |
| | List each | source | ŭ | gross inco | e and you have income that me from each source separa | | • | • | | | |
| | | | | | Debtor 1 | | | | Debtor 2 | | |
| | | | | | Sources of income Describe below. | eac (be | oss income from th source fore deductions and clusions) | | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| | om January e date you t | | | | Food Stamps | | \$1,900.00 | 0 | | | |
| Pa | rt 3: Lis | t Certa | ain Paym | ents You | Made Before You Filed for | Bankr | uptcy | | | | |
| 6. | Are eithe ☐ No. | Neith | her Debte | or 1 nor D | s debts primarily consume ebtor 2 has primarily cons personal, family, or househo | umer d | lebts. Consumer de | ebts ar | e defined in 11 | U.S.C. § 101 | (8) as "incurred by an |
| | | | • | days befo | re you filed for bankruptcy, d | did you | pay any creditor a to | otal of | \$6,425* or mo | re? | |
| | | | | o to line 7 | | | | | | | |
| | | * \$ | pa no | aid that cre ot include | editor. Do not include payme payments to an attorney for | ents for o this bar | domestic support ob nkruptcy case. | oligatio | ons, such as ch | nild support a | nd alimony. Also, do |
| | | - Su | ibject to a | iajustmeni | on 4/01/19 and every 3 yea | rs arter | that for cases filed c | on or a | arter the date o | or adjustment. | |
| | Yes. | | | | r both have primarily cons re you filed for bankruptcy, d | | | otal of | \$600 or more? | ? | |
| | | | | o to line 7 | | | | | | | |
| | | | in | clude pay | ach creditor to whom you pa ments for domestic support of this bankruptcy case. | | | | | | |
| | Creditor | s Nam | ne and A | ddress | Dates of payme | ent | Total amount | A | Amount you | Was this p | ayment for |

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| 7. | Within 1 year before you filed for bankrupt Insiders include your relatives; any general prof which you are an officer, director, person in a business you operate as a sole proprietor. alimony. | artners; relatives of any gen control, or owner of 20% | neral partners; partners or more of their voting | erships of which yog g securities; and a | ou are a general ny managing age | partner; corporation ent, including one for |
|-----|---|--|--|---|-------------------------------------|--|
| | No Yes, List all payments to an insider. | | | | | |
| | | Datas of navenant | Total amount | A | Danaan fan th | .: |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for th | ns payment |
| В. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost | | yments or transfer a | any property on a | ccount of a deb | t that benefited ar |
| | ■ No | | | | | |
| | ☐ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for the | |
| Dar | rt 4: Identify Legal Actions, Repossessio | one and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the | case |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo | | erty repossessed, f | oreclosed, garnis | shed, attached, | seized, or levied? |
| | □ No. Go to line 11.■ Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the |
| | ordano Nume una Address | • • | | | | property |
| | | Explain what happene | ed | | | |
| | City of Chicago Dept of Finance 121 N. LaSalle Street | 2012 Ford Fusion | | | /16 | \$8,250.00 |
| | 7th Floor | ☐ Property was reposs | | | | |
| | Chicago, IL 60602 | ☐ Property was foreclo | | | | |
| | | ☐ Property was garnish | | | | |
| | | ■ Property was attache | ed, seized or levied. | | | |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment bed ■ No □ Yes. Fill in the details. | | cluding a bank or fir | nancial institution | n, set off any am | ounts from your |
| | Creditor Name and Address | Describe the action th | e creditor took | Date taker | action was | Amoun |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes | | erty in the possess | | | t of creditors, a |

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Debtor 1 Melvin D Cox Debtor 1 Melvin D Cox

| Pa | rt 5: List Certain Gifts and Contribution | ns | | | |
|-----|--|-------------|--|---|---------------------------|
| 13. | Within 2 years before you filed for banks No Yes. Fill in the details for each gift. | ruptcy, | did you give any gifts with a total value of more tl | han \$600 per person | ? |
| | Gifts with a total value of more than \$60 per person | 00 | Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | l | | | |
| 14. | Within 2 years before you filed for banks ■ No □ Yes. Fill in the details for each gift or or | | did you give any gifts or contributions with a tota | I value of more than | \$600 to any charity? |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | total | Describe what you contributed | Dates you contributed | Value |
| Pa | rt 6: List Certain Losses | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? No Yes. Fill in the details. | iptcy oi | r since you filed for bankruptcy, did you lose anyt | hing because of the | ft, fire, other disaster, |
| | Describe the property you lost and how the loss occurred | Includ | ibe any insurance coverage for the loss e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| Pa | rt 7: List Certain Payments or Transfer | s | | | |
| 16. | consulted about seeking bankruptcy or | prepari | lid you or anyone else acting on your behalf pay or ing a bankruptcy petition? rs, or credit counseling agencies for services required | | rty to anyone you |
| | Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not \ | í ou | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | Thurston Law Firm 79 W. Monroe, Suite 925 Chicago, IL 60603 cthurston@thurstonlawfirm.com | | Attorney Fees | 12/20/16 | \$350.00 |
| | Debtorcc.org 378 Summit Avenue. Jersey City, NJ 07306 | | credit counseling | 12/7/16 | \$14.95 |
| 17. | Within 1 year before you filed for bankru promised to help you deal with your cre Do not include any payment or transfer tha | ditors o | | or transfer any prope | erty to anyone who |
| | ■ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |

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Debtor 1 **Melvin D Cox**

| 18. | Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus Include both outright transfers and transfers mad include gifts and transfers that you have already No | siness or financial affa e as security (such as the | irs? ne granting of a s | | | | - |
|-----|--|---|----------------------------|-------------|---|------------------------------|--------|
| | ☐ Yes. Fill in the details. | | | | | | |
| | Person Who Received Transfer Address | Description and va property transferr | | payme | ibe any property or ents received or debts n exchange | Date transfe made | r was |
| | Person's relationship to you | | | | g- | | |
| 19. | beneficiary? (These are often called asset-prote | | y property to a s | self-settle | d trust or similar device o | of which you a | are a |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of trust | Description and va | alue of the prop | erty trans | ferred | Date Transfe | er was |
| Par | t 8: List of Certain Financial Accounts, Instr | rumanta Safa Danasit | Payer and Sta | rogo Unit | • | made | |
| Ган | List of Certain Financial Accounts, insti | uments, sale Deposit | boxes, and Sto | nage Onit | • | | |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or | • | | | | | |
| | houses, pension funds, cooperatives, associa No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | | ast 4 digits of account number | Type of account instrument | nt or | Date account was closed, sold, moved, or transferred | Last be before clos tr | |
| 21. | Do you now have, or did you have within 1 yearsh, or other valuables? | ar before you filed for | bankruptcy, an | y safe dep | osit box or other deposi | tory for secur | ities, |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acce Address (Number, St State and ZIP Code) | | Describe 1 | the contents | Do you st have it? | ill |
| 22. | Have you stored property in a storage unit or | place other than your | home within 1 y | ear befor | e you filed for bankruptc | y? | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, St State and ZIP Code) | | Describe 1 | the contents | Do you st have it? | ill |
| Par | t 9: Identify Property You Hold or Control fo | r Someone Else | | | | | |
| 23. | Do you hold or control any property that some for someone. | eone else owns? Inclu | ide any property | y you borr | owed from, are storing fo | or, or hold in t | trust |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, St | | Describe | the property | | Value |
| | | Code) | | | | | |
| | t 10: Give Details About Environmental Inform | | | | | | |
| For | the purpose of Part 10, the following definition | s apply: | | | | | |

Official Form 107

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Debtor 1 **Melvin D Cox**

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of the No Yes. Fill in the details. | |
|---|--|
| ■ No □ Yes. Fill in the details. | |
| Yes. Fill in the details. | w, if you Date of notice |
| | w, if you Date of notice |
| Name of site Governmental unit Environmental la | w, ii you bate of notice |
| Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) know it ZIP Code) | |
| 25. Have you notified any governmental unit of any release of hazardous material? | |
| ■ No □ Yes. Fill in the details. | |
| Name of site Address (Number, Street, City, State and ZIP Code) Governmental unit Address (Number, Street, City, State and ZIP Code) Environmental later Address (Number, Street, City, State and ZIP Code) | w, if you Date of notice |
| 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include | de settlements and orders. |
| ■ No | |
| ☐ Yes. Fill in the details. | |
| Case Title Court or agency Nature of the case Name Address (Number, Street, City, State and ZIP Code) Nature of the case | Status of the case |
| Part 11: Give Details About Your Business or Connections to Any Business | |
| 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following con | nections to any business? |
| ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part | t-time |
| ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | |
| ☐ A partner in a partnership | |
| ☐ An officer, director, or managing executive of a corporation | |
| ☐ An owner of at least 5% of the voting or equity securities of a corporation | |
| No. None of the above applies. Go to Part 12. | |
| ☐ Yes. Check all that apply above and fill in the details below for each business. | |
| Business Name Describe the nature of the business Employer Identify Address Do not include S | fication number Social Security number or ITIN. |
| (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business | · |
| 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your linstitutions, creditors, or other parties. | |
| ■ No | |
| ☐ Yes. Fill in the details below. | |
| Name Address (Number, Street, City, State and ZIP Code) | |

Part 12: Sign Below

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Debtor 1 Melvin D Cox

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| /s/ Mo | elvin D Cox | |
|--------------|---------------------------|---|
| Melvin D Cox | | Signature of Debtor 2 |
| Signa | ture of Debtor 1 | |
| Date | December 21, 2016 | Date |
| Did yo | u attach additional pages | to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ■ No | | |
| ☐ Yes | | |
| Did yo | u pay or agree to pay som | eone who is not an attorney to help you fill out bankruptcy forms? |
| ■ No | | |
| ☐ Yes | . Name of Person A | ttach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Cha | pter 7: | Liquidation |
|-----|---------|--------------------|
| | \$245 | filing fee |
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-39970 Doc 1 Filed 12/21/16 Entered 12/21/16 08:06:17 Desc Main Document Page 48 of 52

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In re | e Melvin D Cox | | Case No. | | |
|-------|--|--|---|---------------------------------------|----|
| | | Debtor(s) | Chapter | 13 | _ |
| | DISCLOSURE OF COMPI | ENSATION OF ATTOR | RNEY FOR DE | BTOR(S) | |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the file be rendered on behalf of the debtor(s) in contemplation | ling of the petition in bankruptcy, | or agreed to be paid | to me, for services rendered or to | |
| | For legal services, I have agreed to accept | | <u> </u> | 4,000.00 | |
| | Prior to the filing of this statement I have received | | | 350.00 | |
| | Balance Due | | \$ | 3,650.00 | |
| 2. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ■ I have not agreed to share the above-disclosed con | npensation with any other person | unless they are memb | pers and associates of my law firm | ı. |
| | ☐ I have agreed to share the above-disclosed competed copy of the agreement, together with a list of the management. | nsation with a person or persons w names of the people sharing in the | who are not members compensation is attac | or associates of my law firm. A ched. | |
| 5. | In return for the above-disclosed fee, I have agreed to | render legal service for all aspects | s of the bankruptcy c | ase, including: | |
| | a. Analysis of the debtor's financial situation, and ren b. Preparation and filing of any petition, schedules, st c. Representation of the debtor at the meeting of cred | tatement of affairs and plan which | may be required; | | |
| | d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applicat 522(f)(2)(A) for avoidance of liens on h | tions as needed; preparation | | | |
| 5. | By agreement with the debtor(s), the above-disclosed in Representation of the debtors in any other adversary proceeding. | fee does not include the following dischargeability actions, judio | service: cial lien avoidance | es, relief from stay actions o | , |
| | | CERTIFICATION | | | |
| | I certify that the foregoing is a complete statement of a bankruptcy proceeding. | any agreement or arrangement for | payment to me for re | epresentation of the debtor(s) in | |
| | December 21, 2016 | /s/ Christine Thur | ston | | |
| I | Date | Christine Thursto | | | |
| | | Signature of Attorne Thurston Law Fir | - | | |
| | | 79 W. Monroe, Su | iite 925 | | |
| | | Chicago, IL 60603 312-818-8008 Fa | | | |
| | | cthurston@thurs | | | |
| | | Name of law firm | | | |

United States Bankruptcy Court Northern District of Illinois

| In re | Melvin D Cox | | Case No. | |
|-------|--|---|----------------------------|----------------|
| | | Debtor(s) | Chapter 13 | |
| | VEI | RIFICATION OF CREDITOR M | ATRIX | |
| | | Number of | Creditors: | 29 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credit | ors is true and correct to | the best of my |
| Date: | December 21, 2016 | /s/ Melvin D Cox Melvin D Cox Signature of Debtor | | |

71st & Jeffery Loans 7100 S Jeffery Ave Chicago, IL 60649

Americash Loan 1513 E 53rd St Chicago, IL 60651

Arnold Scott Harris 111 W Jackson Blvd Ste 600 Chicago, IL 60604

Bridgecrest Credit 7300 E Hampton Ave Mesa, AZ 85209

Chase Bank 340 E Randolph St Chicago, IL 60601

City of Chicago Dept of Finance 121 N. LaSalle Street 7th Floor Chicago, IL 60602

ComEd P.O. Box 805379 Chicago, IL 60680

Credit Management Lp 4200 International Pkwy Carrollton, TX 75007

Creditors Discount & A 415 E Main St Streator, IL 61364

Creditors Discount & A 415 E Main St Streator, IL 61364

Eastern Account System 75 Glen Rd Ste 310 Sandy Hook, CT 06482

Fifth Third Bank 5050 Kingsley Dr Cincinnati, OH 45227

First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107

Georgia Natural Gas P.O. Box 440667 Kennesaw, GA 30160

Georgia Power 96 Annex Atlanta, GA 30396

Illinois Department of Revenue BK Unit Level 7-425 100 Randolph St Chicago, IL 60601

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Jackson Park Hospital 7531 South Stony Island Avenue Chicago, IL 60649

Jcitron Law 120 W Madison St Chicago, IL 60602

MB Financial 363 W Ontario St Chicago, IL 60654

Navient Po Box 9500 Wilkes Barre, PA 18773

Navient Po Box 9500 Wilkes Barre, PA 18773 Navient Po Box 9500 Wilkes Barre, PA 18773

Northwestern Hospital 251 E Huron St Chicago, IL 60611

Oac Po Box 500 Baraboo, WI 53913

Peoples Gas Attention: Bankruptcy Department 130 E. Randolph 17th Floor Chicago, IL 60601

PLS Loan Store 2132 E 71st S Chicago, IL 60641

Professional Debt 7948 Baymeadows Way Fl 2 Jacksonville, FL 32256

St. Bernard Hospital 326 W 64th St Chicago, IL 60621